



Youth Fire Academy Personal Protective Equipment (PPE) Waiver Form

I _____ understand that by opting to use my PPE from the Fire Department that I belong to and not using the PPE that is issued by Willingboro FIRE & EMS for the Youth Fire Academy, that I am releasing the Township of Willingboro and Willingboro FIRE & EMS from all Liability of any damage that may occur from wearing and use of said PPE.

It is further agreed and understood that under no circumstances will Willingboro Township or Willingboro FIRE & EMS be responsible for the loss or damage of PPE not issued by Willingboro FIRE & EMS.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Fire Department Name: _____

Fire Chief Signature: _____

Date: _____